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TO: USPTO
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FAX NUMBER: 571-273-8300

FROM: Grant E. Reed
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TOTAL NO. OF PAGES INCLUDING COVER: 9
DATE: December 6, 2006

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NOTES/COMMENTS:

In re Application of: Blay *et al.*
For Patent For: Methods for Cancer Prognosis and Diagnosis
Group Art Unit: 1643
Attorney Docket No.: DX06000US01 Serial No.: 10/766,230
Filed: January 27, 2004

Dear Examiner:

Transmitted here with are:

- Fax Cover Sheet - 1 Page
- Certificate of Transmission PTO/SB/97 - 1 Page
- Response Transmittal PTO/SB/21 - 1 Page
- Petition for Extension of Time Under 37 CFR 1.136(a) (1 Mo.) - 1 Page in duplicate
- Amendment - 4 Pages


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Docket Number: DX06000US01
Application No: 10/766,230
Filing Date: 01/27/2004
First Inventor: BLAY, Jean-Yves Guy Christoph

PTO/SB/97 (09-04)
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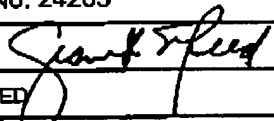
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/766,230	
	Filing Date	01/27/2004	
	First Named Inventor	BLAY, Jean-Yves Guy Christopher	
	Art Unit	1643	
	Examiner Name	Karen A. Canella	
Total Number of Pages In This Submission	9	Attorney Docket Number	DX06000US01

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
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